

FILED JUN 11 1947
Registration District No. 870

Primary Registration District No. 4503

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bernie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard

(c) City or town Bernie, Mo. 103
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location) 6

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME LILLIAN TUCKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1947 hour between 7:10:30 P.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Conant Tucker 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. 17 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

48 6 10 hr. min.

Immediate cause of death suicide by drowning

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Edward Crews < 9

13. Birthplace Unknown < 9
(City, town, or county) (State or foreign country)

14. Maiden name Lea Dan

15. Birthplace Arks.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Conant Tucker

(b) Address Bernie, Mo.

17. (a) Burial (b) Date thereof 5-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide by drowning

(b) Date of occurrence May 27, 1947

(c) Where did injury occur? Bernie Stoddard Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home

While at work? No (Specify type of place) _____
(e) Means of injury drowning

18. (a) Signature of funeral director Robert C. ...

(b) Address Bernie, Mo.

19. (a) June 3-47 (b) Lottie ...
(Date received local registrar) (Registrar's signature)

23. Signature Dexter, Mo. (M. D. or other) Ch...

Address Dexter, Mo. Date signed 5-27-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

03
10

RECEIVED
District Clerk Court No. 2
District File Number 647-821
Date Filed 6-9-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address

Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.